

Application or Docket Number

~~DE 92000006 US~~

SMALL ENTITY
TYPE ☐

**OTHER THAN
OR SMALL ENTITY**

| | (Column 1) | (Column 2) |
|--|---------------|--------------|
| TOTAL CLAIMS | 14 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 15 minus 20 = | 5 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | 270 |
| TOTAL | | OR | TOTAL | 980 |

SMALL ENTITY

**OTHER THAN
OR SMALL ENTITY**

| | | (Column 1) | | (Column 2) | (Column 3) |
|-------------|---|---|-------|---|------------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | • 13 | Minus | • 20 | = 1 |
| | Independent | • 3 | Minus | • 3 | = 1 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|-------------------|----------------|----|-------------------|----------------|
| X\$ 9= | | OR | X\$18= | 1 |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADD. FEE | | OR | TOTAL ADD. FEE | |

Best Available Copy
(Column 2) (Column 3)

| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | • 12 | Minus | •• | = |
| Independent | • 3 | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE |
|-------------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDITIONAL FEE | |

OR

| RATE | ADDITIONAL FEE |
|-------------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDITIONAL FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | | (Column 3) |
|--|---|-------|---|--|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | • | Minus | •• | | = |
| Independent | • | Minus | ••• | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.